



**ARKANSAS CRIME INFORMATION CENTER**

322 Main Street Suite 615  
Little Rock, Arkansas 72201  
Phone: 501-682-2222 / Fax: 501-682-2269

Please complete the information below and attach to the Involuntary Commitment Order. This information will then need to be submitted to the attention of **Cortney Williams** at the address noted above.

Your assistance in this matter is greatly appreciated.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Sex:** \_\_ **Race:** \_\_ **DOB:** \_\_\_ / \_\_\_ / \_\_\_ **Height:** \_\_\_ **Weight:** \_\_\_ **Hair:** \_\_\_ **Eyes:** \_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_